

The Status of the Ship Surgeon

SIR,—Necessarily a little belatedly, I have read with much interest Dr. J. R. Hamerton's letter in your issue of September 14th. Perhaps the views of one who has had some ten years' experience of this work in various ships in many parts of the world may also be worth reading.

I can fully endorse Dr. Hamerton's statements regarding the average layman's views of the ship surgeon as a type. But, as I pointed out in an article in this *Journal* about a year ago ("Port Sanitation and Common Sense"), these views are now at long last being altered in view of the improved status of the surgeon and the greatly increased provision of medical equipment and hospitals on board. Some of the larger lines—for example, Cunard, C.P.S., Orient, and P. & O.—provide a trained nurse (or nurses), together with attendants, who are under the surgeon's orders, thus making him independent of chance assistance among the passengers; and Dr. Hamerton might be a little surprised to find the high standard of professional ability shown by many of the senior surgeons in the above lines. But surely he is expecting *rather* much of shipping companies. Large lines, like the above, have a medical superintendent, and provide excellent medical equipment on board. But it must not be forgotten that the primary object of a shipping company is to make money, and a small line cannot be blamed if it is satisfied with a man whose name is on the *Medical Register*. At the least, he is fully qualified, and this is more than the law requires for the shore-living population; and in any case, let me assure Dr. Hamerton that supply and demand have raised the standard considerably, even here.

The suggestion as to a rota of men in active practice is surely impracticable. What is going to happen to these men's practices while they are away, especially on a long voyage? In regard to studying at sea, this is entirely a matter of will power. The surgeon in the small ship must learn to scorn delights and live laborious days. I am at present in such a ship, and Dr. Hamerton will be interested to know that (with what, I fear, is a misguided optimism) I am studying for a higher surgical qualification. With visits to one's hospital when on shore leave it is quite feasible to keep up with the times in knowledge, and efficiency. It would surely be too much to expect a shipping company to pay a locum-tenent as well as the fees of its surgeon, whom they rightly expect to know his job and to learn anything further (as indeed most doctors do!) from experience. And what of the average panel practitioner in this connexion? Is *he* so anxious to take advantage of the leave courses provided for by the Ministry of Health? It would be interesting to know the figures as to this. There must be thousands of general practitioners in this country who are so tired from the work in their large practices that their "reading" is confined to a glance at the daily newspapers.

Lastly, in regard to surgical emergencies, I cannot help feeling that Dr. Hamerton has not quite got the correct perspective here. Serious illness must always be rather exceptional at sea, and this would apply to his abdominal emergencies. In all the time I have been at sea I have only seen two: one occurred in port and was disposed of by phoning for an ambulance; the other, an appendix abscess, I did myself (fortunately successfully) in mid-Atlantic in a small ship, with the chief officer very efficiently giving the anaesthetic and an elderly nurse-passenger holding the retractors. *Mutatis mutandis*, are similar things not happening in many a country district ashore, even to-day?—I am, etc.,

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Glasgow, Sept. 30th.

Registration of Opticians

SIR,—Dr. Sydney Tibbles's letter in the *Journal* of September 28th (p. 603) is full of sound common sense. Those of us in the medical profession who take the trouble to think of the matter at all are agreed that the examination of eyes and prescription of glasses is a medical job. Many doctors, unfortunately, take little interest in their patients' visual troubles. A lady told me recently that her doctor, when she had asked him what to do about her eyes, had told her to go to a well-known stores.

The National Eye Service is a very excellent service as far as it goes, but I have an idea that it does not go far enough. Nearly every person in a civilized country has to wear glasses at some time or other. We say to the public, "You really should realize that eye examination is a doctor's job. In your own interest you should not go to a sight-testing optician." There are thousands of insured persons whose societies will not pay the 10s. 6d. surgeon's fee (probably they will only pay 5s. "sight-testing" fee). A few of these people may elect to go to the N.O.T.B., and make up the difference themselves. The vast majority know little and care less about the distinction between an oculist and an optician; they go to the latter. Moreover, I have frequently been told by doctors that they hesitate to advise patients who can ill afford it to take advantage of a service which will cost them more. If only this difference of 5s. 6d. odd could be got over (split between the surgeons and the dispensing opticians), untold thousands of patients would take their benefit through the N.O.T.B. The surgeon would get 7s. 6d. or 8s., but he would have a greatly increased number of patients. Working full time, for example, at a fee of 7s. 6d. an oculist could make at least £2,000 a year. We do not say to a patient with a chronic appendix or a fibroid uterus, "If you cannot pay a certain minimum fee we can do nothing for you. You must go to the quacks." If the patient goes to the quacks in spite of our advice it is not our fault. If, therefore, the examination of the eyes is, as Mr. Bishop Harman has so ably emphasized, a medical man's job *in every case*, we have before us a very definite responsibility. A very large number of those whose eyes are examined go in the first place to the doctors. The doctor's clear duty, if he does not do eyes himself, is to recommend the patient to another doctor who does. In this matter the hands of the insurance doctor are at present tied. He should be able to say, "Take the letter from your society to the National Eye Service. It will not cost you a penny more than if you go to a sight-testing optician." The average panel doctor simply will not bother to explain at length to every patient that he should spend a few shillings extra and be examined by a doctor. Anyway, in most cases it would be a waste of time.

Dr. Tibbles's reference to the dental surgeon (who may be a registered medical practitioner) employing a mechanic is entirely apposite. In these days many dental surgeons do not keep a mechanic, but send their work to a firm of dental mechanics, who execute the work expeditiously and accurately. Surely there can be no objection to a doctor ordering glasses for his patients from a wholesale optician. I am all for supporting the dispensing optician. In one place where I practise I am fortunate in having a dispensing optician just round the corner. I also practise in another place where there is not a dispensing optician within a mile. If I gave a prescription the patient would in nine cases out of ten (as I know from experience) take it to a sight-testing optician to be made up. I am somewhat expert in the matter of frames and measuring, and I can supply glasses in most cases within forty-eight hours. I supply some hundreds during the year in this manner, and I charge an inclusive fee to cover